


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership <b>FAIRWAY VIEW LIMITED PARTNERSHIP</b>		1a. DOCUMENT # <b>A30880</b>	
2. Mailing Address 4400 BAYOU BLVD SUITE 6B PENSACOLA FL 32503		2a. Principal Office Address 4400 BAYOU BLVD SUITE 6B PENSACOLA FL 32503	
3. Date Formed or Registered 12/06/1990		5a. Capital Contributions as Shown on record. \$30,000.00	
3a. Date of Last Report 10/14/1996		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation FL		6. FEI Number 64-0795051	
7. Certificate of Status Desired		8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent TIPPENS, GARY 4400 BAYOU BLVD SUITE 6B PENSACOLA FL 32503		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number) Suite, Apt. #, etc. City	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.		11. Name(s) of General Partner(s) FAIRWAY VIEW, INC.	
11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4400 BAYOU BLVD, #6B		11b. City, State & Zip Code PENSACOLA FL 32503	
11c. Registration/Document Number L04441		11d. KWM	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.			
SIGNATURE <i>Gary Tippens</i> Typed or Printed Name of General Partner Signing Form GARY TIPPENS		DATE 10/13/97 Daytime Telephone Number (850) 484-2906	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 OCT 15 AM 10:45



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